

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10		2					60					
11		2					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	27						TOTAL DEP.					
TOTAL CLAIMS	38						TOTAL CLAIMS					